

# All-Payer Claims Databases: State Progress and Future of APCDs

May 2, 2012

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UNIVERSITY of NEW HAMPSHIRE



# Topics

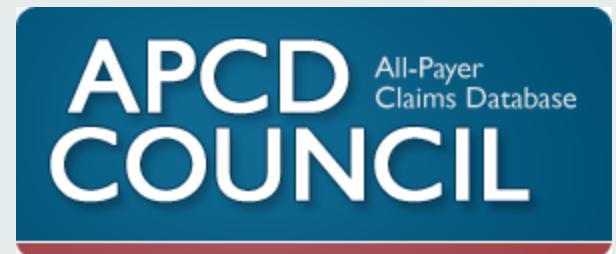
- Background
- National Activities and Standards
- Usage Examples
- State Experiences and Lessons Learned
- Contact Information

# Background

# Our Work

- Standards Development
- Technical Assistance to States
- Web Resources
- Publications and Issue Briefs
- Annual Conference

[www.apcdcouncil.org](http://www.apcdcouncil.org)



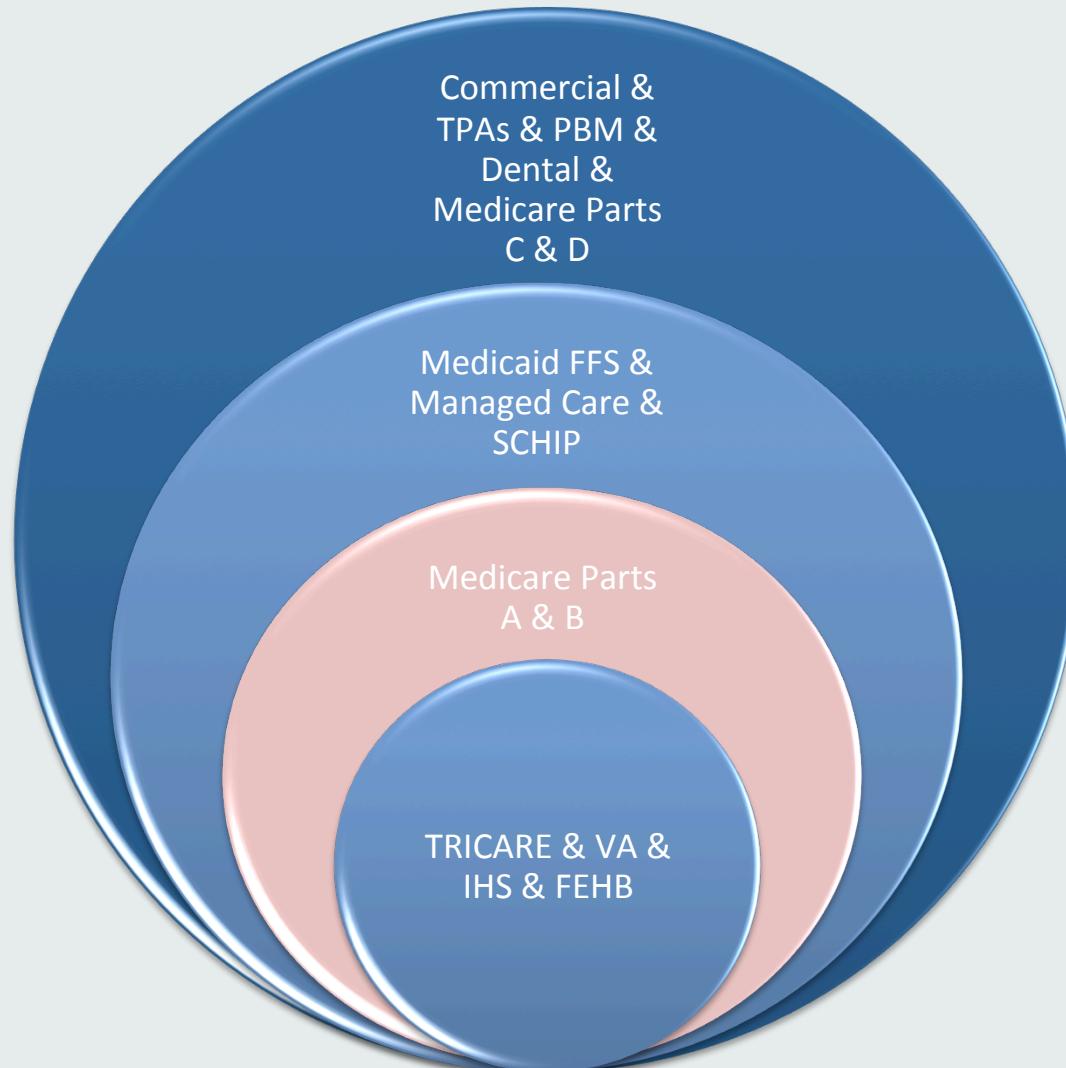
# Backdrop 2005-2012

- Increased Transparency Efforts
- Employer Coalitions
- Payment Reform
  - Patient Centered Medical Home
  - Accountable Care Organizations
- Health Information Exchange (HITECH)
- Health Reform (PPACA)

# Definition of APCDs

- Databases, created by state mandate, that typically include data derived from *medical, pharmacy, and dental claims with eligibility and provider files* from private and public payers:
  - Insurance carriers (medical, dental, TPAs, PBMs)
  - Public payers (Medicaid, Medicare)

# Typical APCD Data Sets



# Typically Included Information

- Encrypted social security\*\*
- Patient demographics(date of birth, gender, residence, relationship to subscriber)
- Type of product (HMO, POS, Indemnity, etc.)
- Type of contract (single person, family, etc.)
- Diagnosis codes (including E-codes)
- Procedure codes (ICD, CPT, HCPC, CDT)
- NDC code / generic indicator / other Rx
- Revenue codes
- Service dates
- Service provider (name, tax id, payer id, specialty code, city, state, zip code)
- Prescribing physician
- Plan charges & payments
- Member liabilities (co-pay, coinsurance, deductible)
- Date paid
- Type of bill
- Facility type
- Other 835/837 fields

# Status by State of Direct Patient Identifier Collection

State	Status
Colorado	Based upon an initial 2011 report to Governor and General Assembly, all data transmitted from the carriers, including patient identifiers will be encrypted during transmission and while stored within the APCD. Data will be decrypted briefly as received from the carriers so that a unique identifier can be attached to each patient, and then re-encrypted. All data will be released without direct patient identifiers.
Kansas	Not currently allowed for commercial data, but due to the HBE, Kansas expects that within six months there will be an effort to change this. Kansas currently collects identifiable information for state employees and Medicaid.
Maine	Allowed by law, but prohibited by law from being disclosed; not currently collected. A 2011 legislative proposal intended to allow for release did not pass, but will be evaluated under a legislative study.
Maryland	Allowed by law. Currently collecting unencrypted patient identifiers.
Massachusetts	Allowed by law. Currently collecting unencrypted patient identifiers.
Minnesota	Not currently allowed.
New Hampshire	Not currently allowed.
New York	Allowed by law. System not implemented yet.
Oregon	Currently collecting a subset of unencrypted patient identifiers.
Rhode Island	Not currently allowed.
Tennessee	Not currently allowed.
Utah	Allowed by law. Currently collecting unencrypted patient identifiers.
Vermont	Allowed by law. Currently collecting encrypted patient identifiers.
West Virginia	Allowed by law to be collected, but not disclosed.

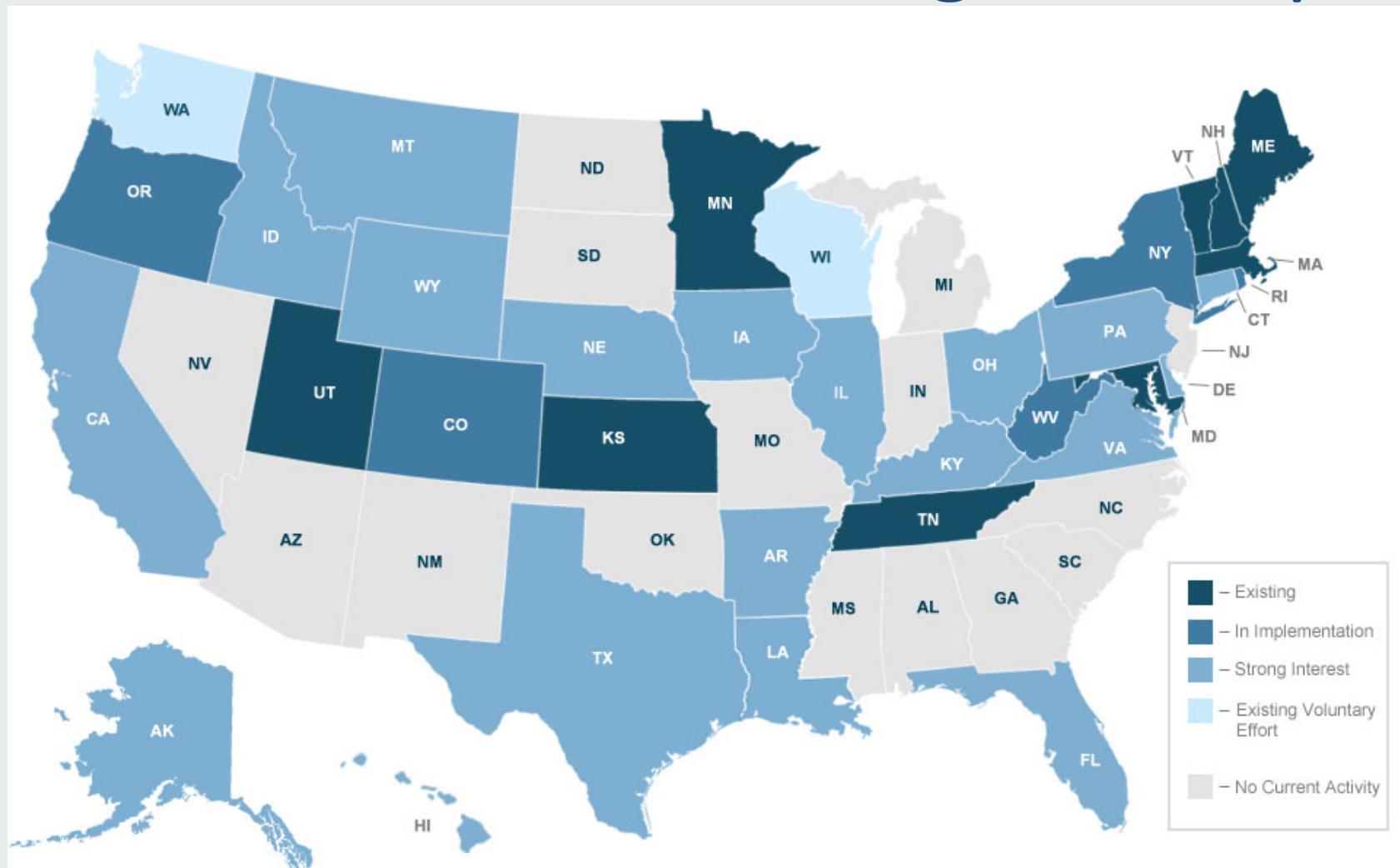
Source: APCD Council Report, July 2011

# Typically Excluded Information

- Services provided to uninsured
- Denied claims
- Workers' compensation claims
- Referrals
- Test results from lab work,  
imaging, etc.
- Provider affiliations
- *Premium information*
- *Capitation fees*
- *Administrative fees*
- *Back end settlement amounts*
- *Back end P4P or PCMH payments*

# National Activities and Standards

# March 2012 State Progress Map



# Areas for Standardization

## 1. *Data collection / submission*

- Aligning to HIPAA Standards
- Efficiencies in metadata, reporting, analysis, and application development

## 2. Data release

- Political
- State-driven

## 3. Data Transformation

## 4. Meta Data

## 5. Applications and Reporting

# Standards Technical Advisory Panel

- Agency for Healthcare Research and Quality (AHRQ)
- All-Payer Claims Database Council (APCD Council)
- American Medical Association (AMA)
- America's Health Insurance Plans (AHIP)
- Individual Payers (e.g., Aetna, Cigna, Harvard Pilgrim Healthcare, Humana, United Health Care)
- Centers for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)
- Centers for Medicare and Medicaid Services (CMS)
- National Association of Health Data Organizations (NAHDO)
- National Association of Insurance Commissioners (NAIC)
- National Conference of State Legislatures (NCSL)
- National Governors Association (NGA)
- Office of the Assistant for Planning and Evaluation (ASPE)
- State Health Plan Associations - various

# Evolution of Data Sets for States

## Administrative Data Sets

- Hospital Discharge
- Medicaid
- Medicare
- All-Payer Claims Databases

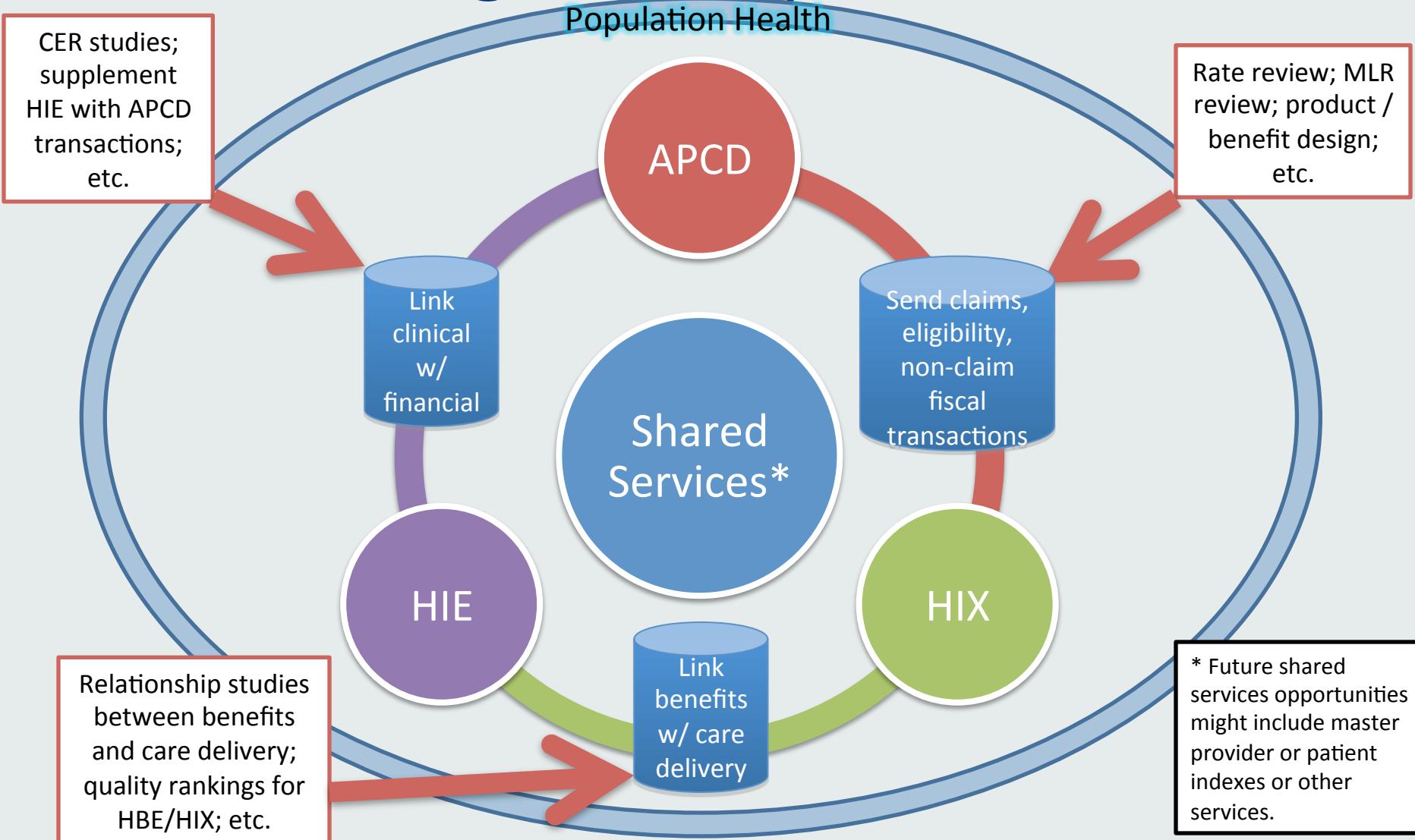
## Clinical Data Sets

- Public Health Registries
- Clinical Registries
- Electronic Health Records
- Laboratory Systems
- Health Information Exchanges



Linkage?

# Strategic IT Opportunities



# APCD Opportunities with HIE\* & HIX



- Calculating Fiscal Impact of Clinical Decision-Making and Comparative Effectiveness
- Public Health Research
- Health Services Research
- Risk Adjustment and Episodic Analyses
- Populating the HIE With APCD “Non-Clinical Events”
- TBD...



- Rate Review
- Risk Adjustment
- Medical Loss Calculations
- Product Design
- Benefit Design
- Quality Metrics Integration
- TBD...

\* Or Other Clinical Repositories Such As Registries or Electronic Health Records.

# APCD Challenges with HIE\* & HIX



- Silos (funding and operational)
- Data Linkage
- Integrating IT Strategies and Aligning Funding Streams to Achieve High Performing Healthcare Systems
- “Relevancy” to Policy Makers for Health Reform Efforts
- Provider Identification and Hierarchy
- Governance



- Population Covered in the HIX is a Subset of the APCD Population
- Will HIX Funding Support Serving as the APCD Platform
- Additional Information Required for Rate Review and Medical Loss Calculations
- Willingness to Use for Product Design, Benefit Design, and Quality Metrics Integration

\* Or Other Clinical Repositories Such As Registries or Electronic Health Records.

# Master Provider Index Concept

## Affiliation (i.e., PHO or other structure)

- Affiliation Name, Street Address (not billing), City, State, Zip, Phone

## Owner (i.e., Goodwill Hospital)

- Owner Name, Street Address (not billing), City, State, Zip, Phone

## Practice (i.e., Primary Care Associates)

- Practice Name, Street Address (not billing), City, State, Zip, Phone

## Provider (i.e. Dr. Smith)

- First Name, Last Name, TIN, NPI, Practice Name, Specialty 1, Specialty 2, Street Address (not billing), City, State, Zip, Phone

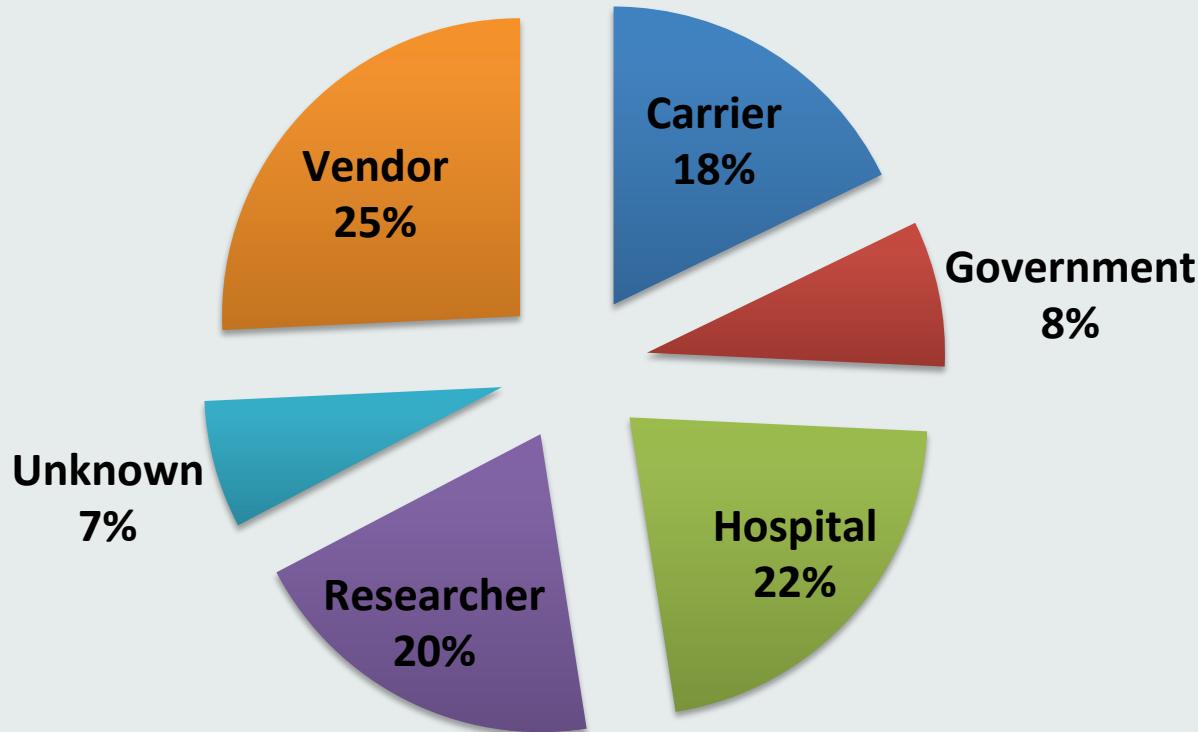
# Usage Examples

# Something for Everyone

- Consumers
- Employers
- Health Plans/Payers
- Providers
- Researchers (public policy, academic, etc.)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- Federal Government (MPCD, CMS, CDC, etc.)

# Requests for NH Data

NH APCD Public Use Requests by Requestor Type (n=101)



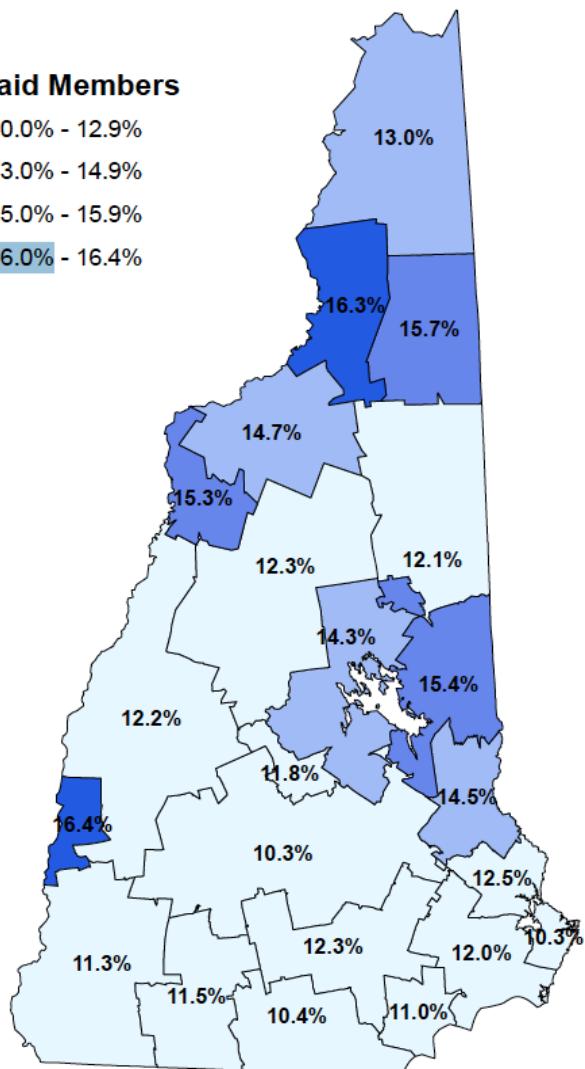
# Population Health

## COPD Prevalence

Rates Standardized for Age

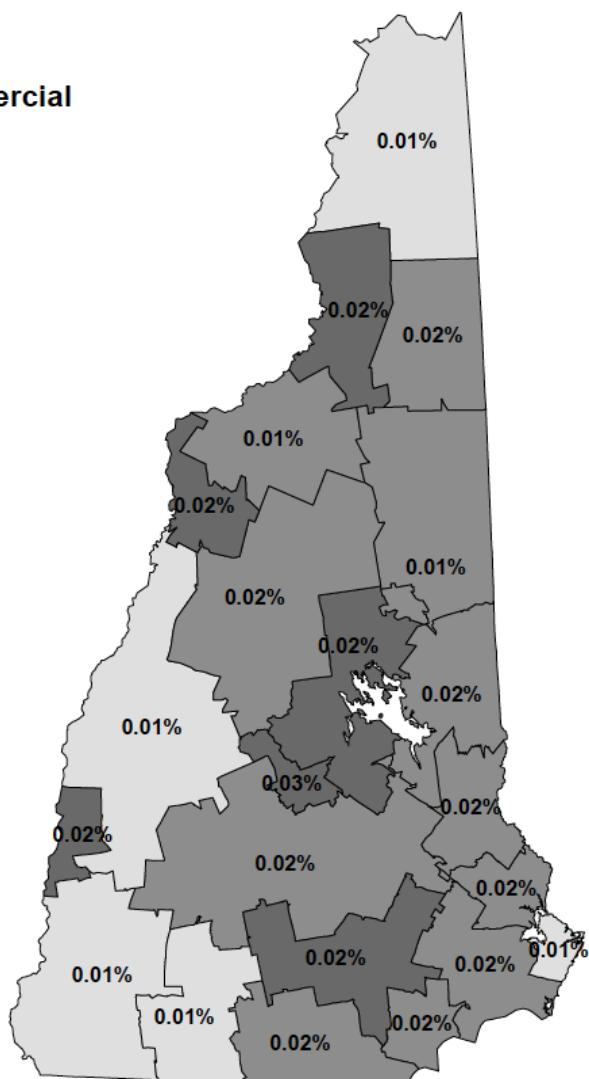
**Medicaid Members**

- 10.0% - 12.9%
- 13.0% - 14.9%
- 15.0% - 15.9%
- 16.0% - 16.4%



**CHIS Commercial**

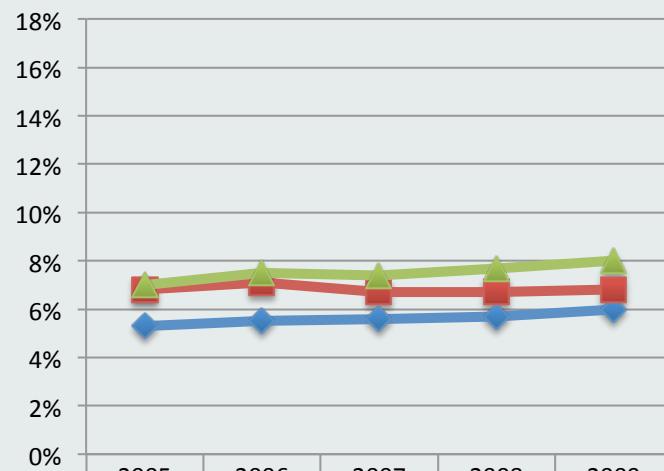
- 0.01%
- 0.02%
- 0.03%



Source: NH DHHS

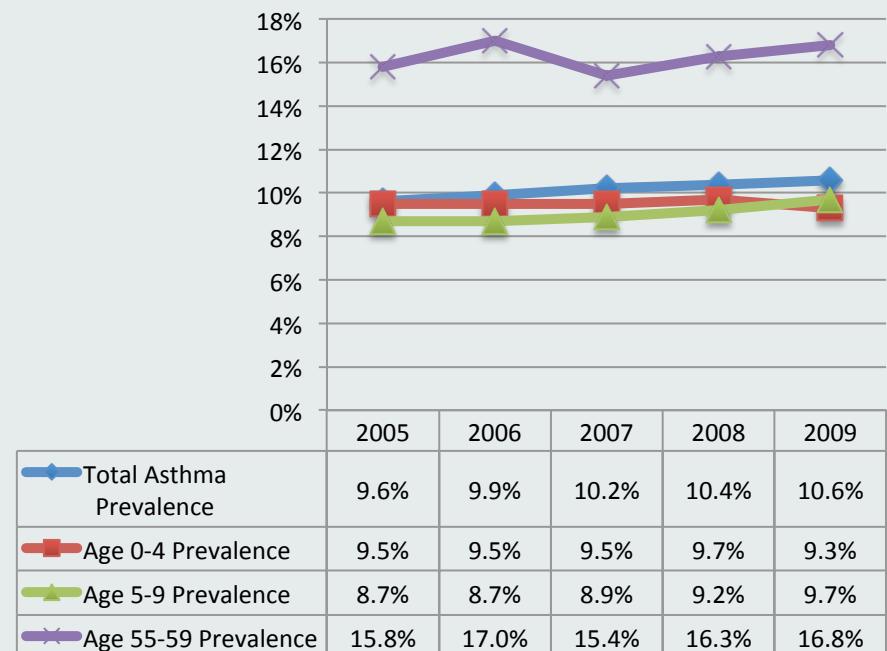
# Prevalence of Asthma by Age, NH Medicaid and Commercial Members, 2005-2009

**NH Commercial Asthma Prevalence  
2005-2009**



	2005	2006	2007	2008	2009
Total Asthma Prevalence	5.3%	5.5%	5.6%	5.7%	6.0%
Age 0-4 Prevalence	6.8%	7.1%	6.7%	6.7%	6.8%
Age 5-9 Prevalence	7.0%	7.5%	7.4%	7.7%	8.0%

**NH Medicaid Asthma Prevalence  
2005-2009**



SOURCE: NH DHHS; [www.nhchis.org](http://www.nhchis.org)

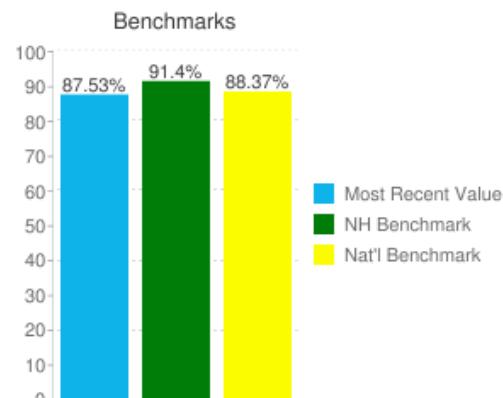
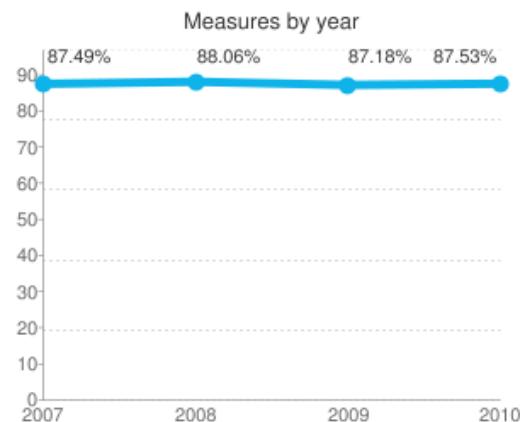


- [DHHS Home](#)
- [DHHS Medicaid Home](#)
- [Medicaid Report Card Home](#)
- [Report Topics](#)
  - [Access to Quality Hospital Services](#)
  - [Access to Quality Primary Care Services](#)
  - [Dental Access](#)
  - [Diabetes](#)
  - [Health Risk Behaviors](#)
  - [Heart Disease and Stroke](#)
  - [Maternal, Infant and Child Health](#)
  - [Mental Health and Substance Use Disorders](#)
  - [Respiratory Diseases](#)

## Medicaid Report Card

Results for: Use of Appropriate Medications for People with Asthma (ASM)

### Measures by Year



### Data

Year	Measure Numerator	Measure Denominator	Measure Value	NH Benchmark	National Benchmark
2010	1,565	1,788	87.53%	91.4%	88.37%
2009	1,380	1,583	87.18%	89.9%	88.57%
2008	1,542	1,751	88.06%	90.7%	86.9%
2007	1,325	1,520	87.10%	91.5%	88.5%

# Vermont Utilization Measures -2008 Commercial

## Burlington Hospital Service Area: Commercially Insured Under Age 65

Burlington Hospital Service Area Data							Vermont			New Hampshire	Maine	Tri-State Combined
Utilization Measure	Average Members	Number of Services or Procedures	Adj. Rate PER 1,000	95% LCL	95% UCL	Highest VT HSA	Lowest VT HSA	Adj. Rate PER 1,000	Adj. Rate PER 1,000	Adj. Rate PER 1,000		
Computerized Tomography (CT)	91,200	5,885	65.6	63.9	67.3	100.4	63.3	75.66	92.02	83.82	84.8	
Magnetic Resonance Imaging (MRI)	91,200	5,180	57.8	56.2	59.4	73.8	53.3	62.39	81.06	64.40	69.5	
Inpatient Hospitalizations	91,200	4,025	44.3	42.9	45.7	63.9	41.2	48.07	53.69	51.35	51.3	
Inpatient Readmissions Within 30 Days	91,200	302	3.38	3.01	3.79	9.13	3.27	4.73	5.67	6.15	5.70	
Inpatient Hospitalizations for Ambulatory Care Sensitive Conditions	91,200	175	1.96	1.68	2.27	5.98	1.96	2.94	4.38	3.97	3.90	
Outpatient Emergency Department Visits	91,200	11,478	125.1	122.8	127.4	267.2	125.1	183.25	231.67	223.99	218.2	
Potentially Avoidable Outpatient Emergency Department Visits	91,200	1,478	16.1	15.2	16.9	50.8	16.1	30.74	43.35	44.91	41.5	
Non-Hospital Outpatient Visits	91,200	432,716	4,799	4,784	4,813	4887	3872	4561.97	5053.43	4512	4705	
Office-Clinic Visits	91,200	305,860	3,395	3,383	3,407	3683	2974	3338.45	3757.71	3254.27	3442	
Chiropractic or Osteopathic Manipulation	91,200	67,250	745	739	750	745	148	622.91	707.87	875.90	767	
Hysterectomy, Females Age 20-64	34,741	141	4.09	3.44	4.83	11.37	3.38	5.79	7.19	6.94	6.78	
Back Surgery, Age 20-64	67,850	201	3.01	2.61	3.46	4.32	1.81	3.01	3.81	3.77	3.62	

Medical Expenditures (excluding pharmacy claims for prescription drugs)					
Area	Member Months	Payments (millions)	Adjusted PMPM	Hospital/Facility Proportion	Physician/Other Proportion
Burlington HSA	1,094,378	\$257.7	\$240	50.7%	49.3%
Highest VT HSA	1,094,378	\$257.7	\$301	69.8%	49.3%
Lowest VT HSA	71,817	\$20.1	\$240	50.7%	30.2%
Vermont	3,262,837	\$869.2	\$261	59.5%	40.5%
New Hampshire	5,409,270	\$1,684.2	\$317	60.0%	40.0%
Maine	7,196,791	\$2,057.1	\$284	60.3%	39.7%
Tri-State Combined	15,868,898	\$4,610.5	\$291	60.1%	39.9%

<http://www.bishca.state.vt.us/sites/default/files/Act49-Tri-State-Data-Compendium.pdf>

# **Consumers**

# MyHealthCareOptions™

A Health Care Resource Provided by the Commonwealth of Massachusetts Health Care Quality and Cost Council


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[Knee Replacement](#)

#### Cardiovascular Disease

[Angioplasty](#)
[Bypass Surgery](#)
[Cardiac Screening Tests](#)
[Heart Attack](#)
[Heart Failure](#)
[Heart Valve Surgery](#)
[Stroke](#)

#### Digestive System

[Gall Bladder](#)
[Intestinal Surgery](#)
[Weight-loss Surgery](#)

### Cardiovascular Disease: Bypass Surgery

Bypass surgery involves transplanting a blood vessel from your leg or chest to the heart to get around (or "bypass") a blockage in the heart's blood supply. [\(more\)](#)

Diagnostic classification: Coronary Bypass with cardiac catheterization (APR-DRG 165); Coronary Bypass only (APR-DRG 166)

[Summarized Report](#)
[View Detailed Report](#)
[View Statewide Procedure Costs](#)

#### Quality of Care

[\(more\)](#)

#### Cost of Care

[\(more\)](#)

#### Cost Rating

#### Statistical Significance

Not different from State Average Quality

Not different from State Average Quality

Not different from State Average Quality

#### Statistical Significance

Below Median State Cost

Not Different from Median State Cost

Above Median State Cost

Source: <http://hcacc.hcf.state.ma.us/Default.aspx>

## Detailed estimates for Arthroscopic Knee Surgery (outpatient)

Procedure: Arthroscopic Knee Surgery (outpatient)

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 20 miles of 03301

Deductible and Coinsurance Amount: \$200.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments
CONCORD AMBULATORY SURGERY CENTER	\$507	\$2769	\$3276
CAPITAL ORTHOPAEDIC SURGERY CENTER	\$553	\$3177	\$3730
DARTMOUTH HITCHCOCK SOUTH	\$601	\$3609	\$4210
LAKES REGION GENERAL HOSPITAL	\$664	\$4178	\$4842
SPEARE MEMORIAL HOSPITAL	\$673	\$4264	\$4937
FRANKLIN REGIONAL HOSPITAL	\$681	\$4334	\$5015
CATHOLIC MEDICAL CENTER	\$759	\$5036	\$5795

# **State Regulatory Agencies**



**Reports Home**

**Chronic Diseases**

Diabetes

Mental Health  
 Disorders

Chronic Respiratory  
 Disease

Cardiovascular Disease  
 Reports

**Use and Cost**

Categories of Service

Ambulatory Care  
 Sensitive Conditions

Payment Categories

Emergency  
 Department Use

Pharmacy Use and  
 Cost

Type of Service

Payments Members per  
 Month

**Enrollment**

**Child Health and  
 Care Reports**

## NH CHIS Medicaid Diabetes Reports

**Report Type:**

Medicaid Prevalence of Diabetes (5A)

**Eligibility Category:**

All Elig Cat Groupings  
 Total Medicaid Enrollment  
 Low Income Child  
 Low Income Adult

**Health Analysis Area:**

All HAA Groupings  
 State Total  
 Berlin  
 Claremont

**CCS Group:**

Total  
 Infectious and parasitic diseases  
 Neoplasms  
 Endocrine; nutritional; and metabolic diseases and immunity disorders

**Medicare Eligibility Selection**

All Members  
 Only Members not Eligible for Medicare  
 Only Members also Eligible for Medicare

**Year:**

2010

**Display Report**

## NH CHIS Commercial Diabetes Reports

**Report Type:**

Commercial Prevalence of Diabetes (5A)

**Product Type:**

All Commercial Groupings  
 Total Commercial Enrollment  
 Health Maintenance Org (HMO)  
 Indemnity

**Health Analysis Area:**

All HAA Groupings  
 State Total  
 Berlin  
 Claremont

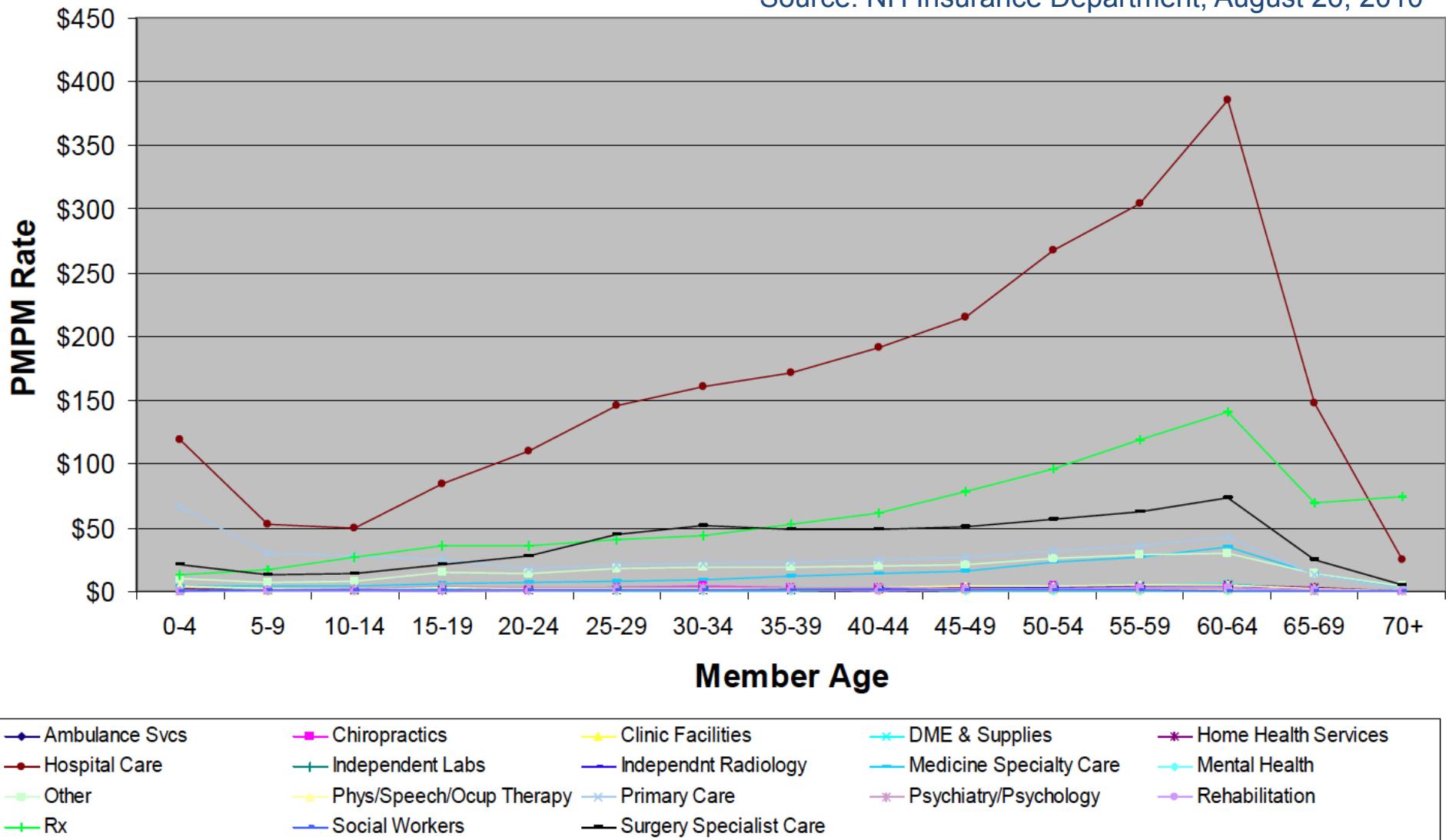
**CCS Group:**

Total

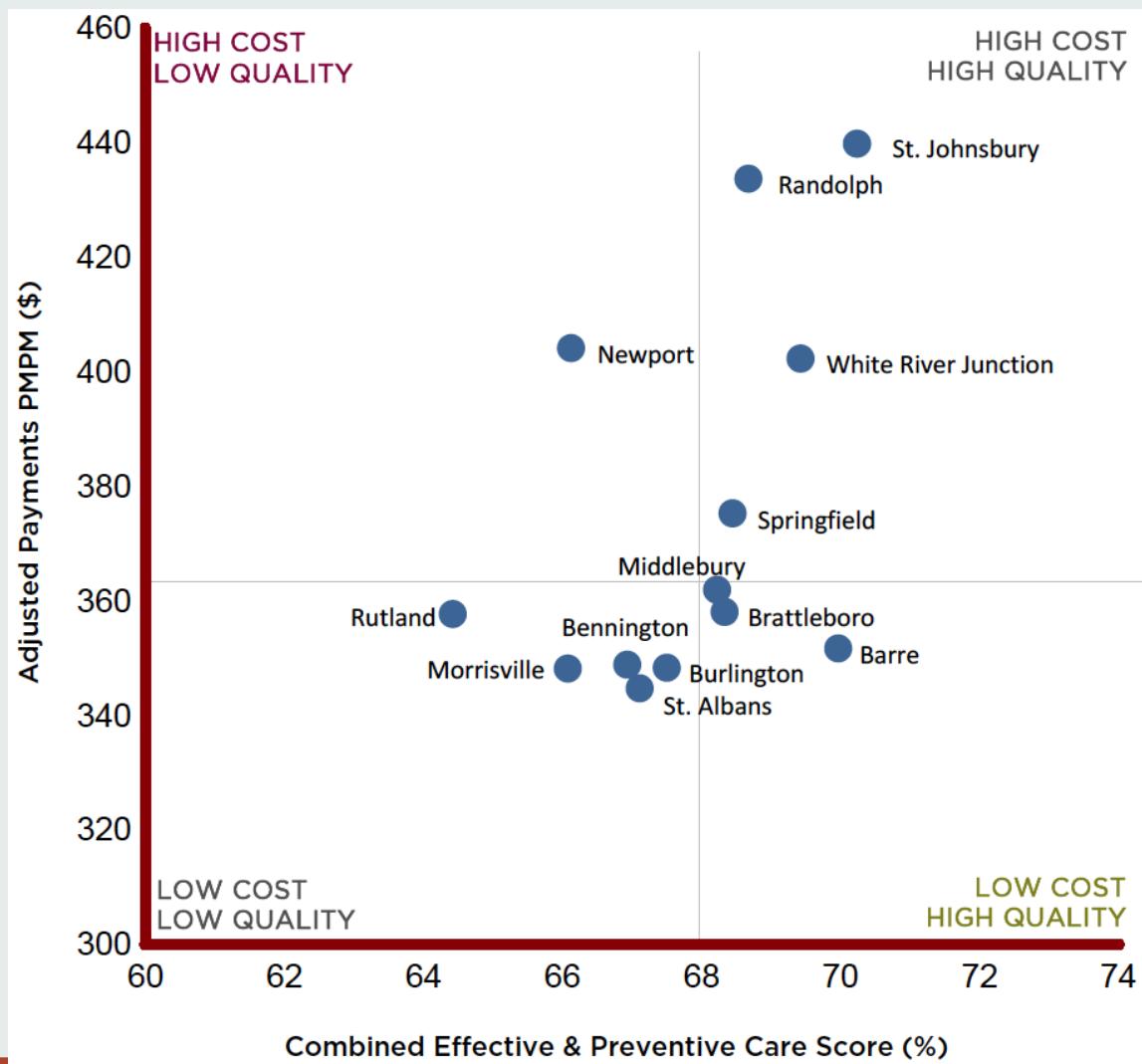
**SOURCE:** <http://www.nhchis.org>

# 2009 PMPM Rates by Age Group and Service Type

Source: NH Insurance Department, August 26, 2010



# Vermont Comparative Costs and Quality by Region

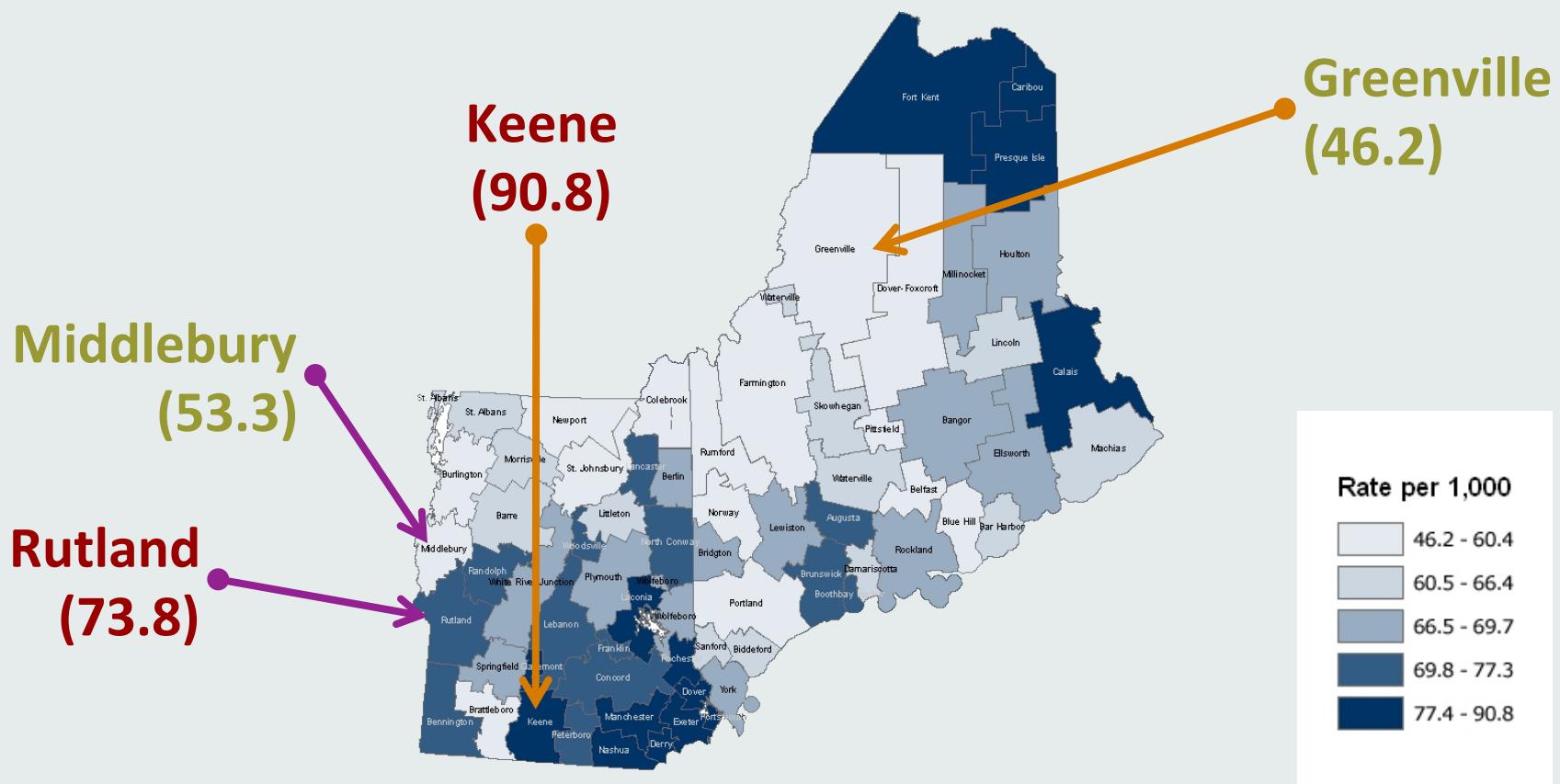


The scattergraph shows the relationship between the rate of payments and the rate of effective and preventive care. The graph's vertical axis displays the rate of payment per member per month (PMPM) adjusted for differences in age, gender, and health status of the population. The graph's horizontal axis displays the combined effective and preventive care score. The crosshair lines display the statewide average for each axis; subpopulations are classified into quadrants based on comparison to the statewide average.

SOURCE: VT BISHCA

# Tri-State Variation in Health Services

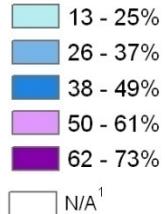
## Advanced Imaging – MRIs



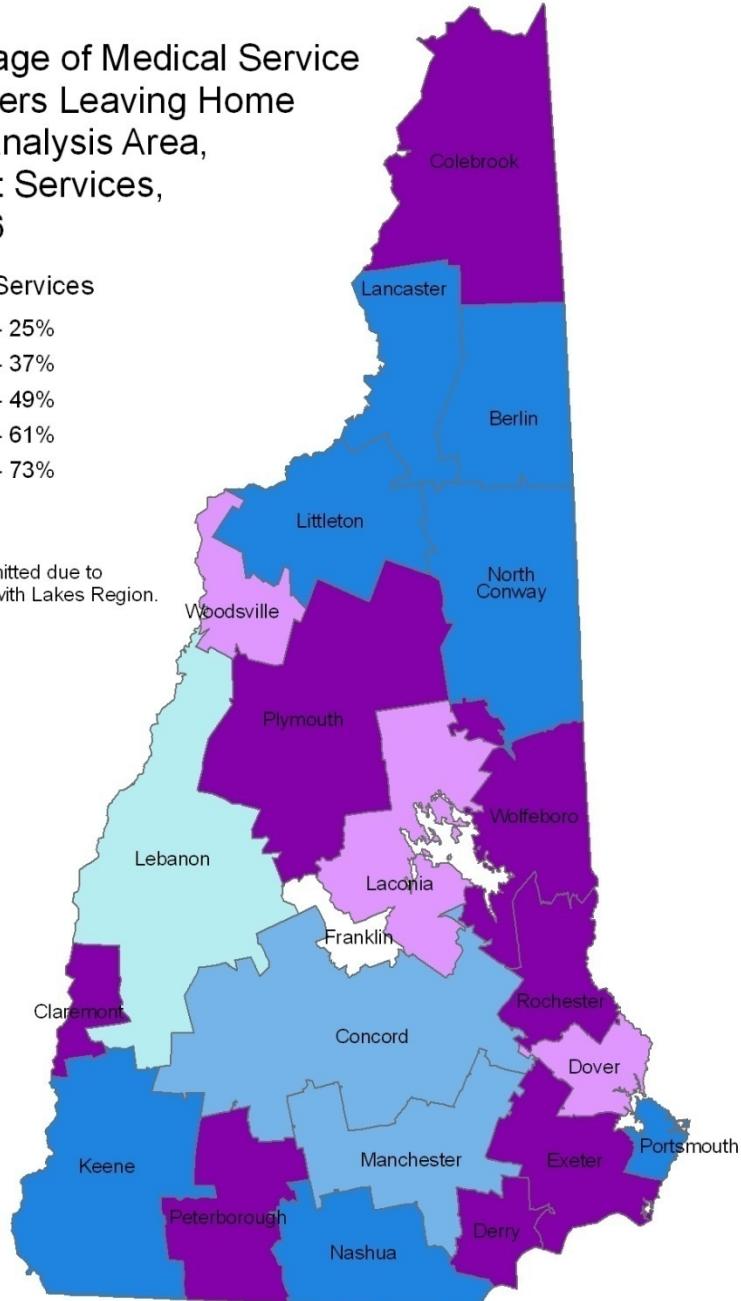
Source: State of Vermont

Percentage of Medical Service  
Encounters Leaving Home  
Health Analysis Area,  
Inpatient Services,  
CY 2006

Percent of Services



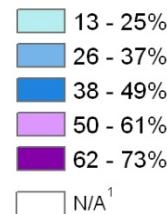
<sup>1</sup>Franklin HAA omitted due to hospital merger with Lakes Region.



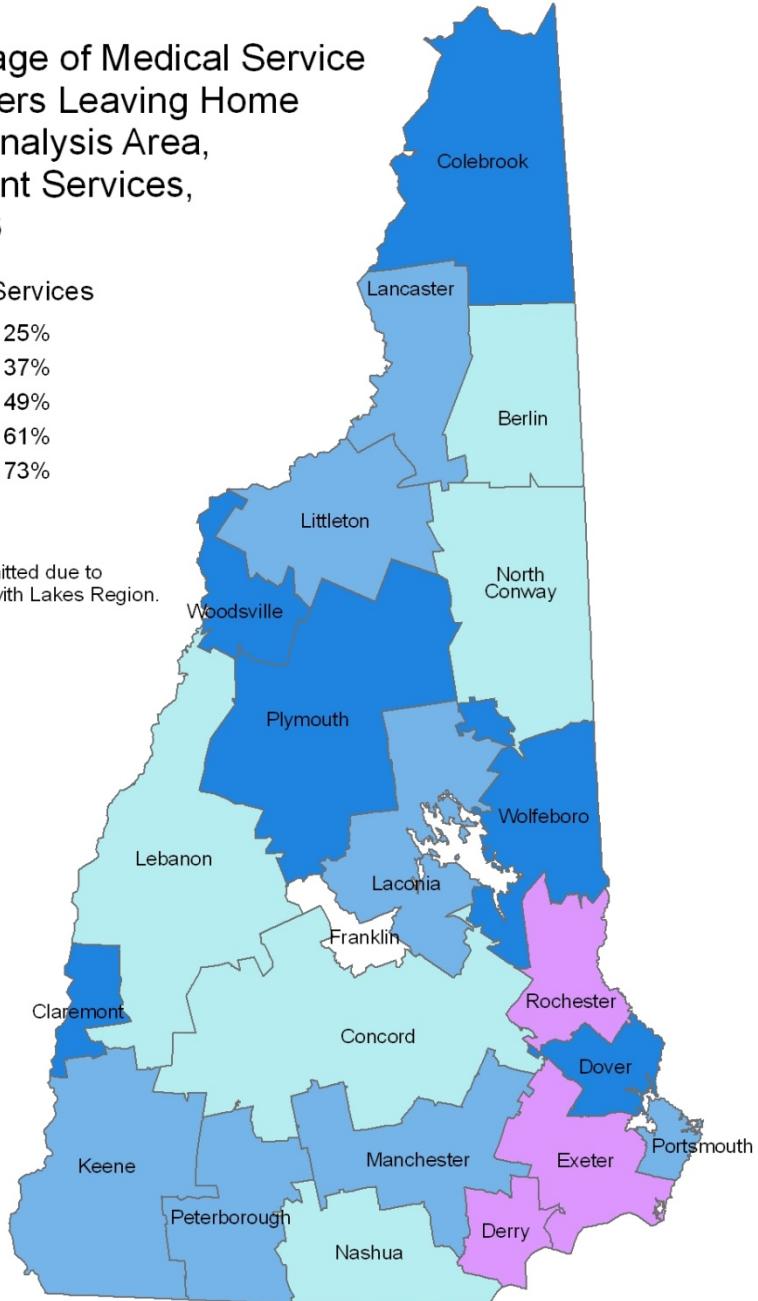
SOURCE: UNH

Percentage of Medical Service  
Encounters Leaving Home  
Health Analysis Area,  
Outpatient Services,  
CY 2006

Percent of Services

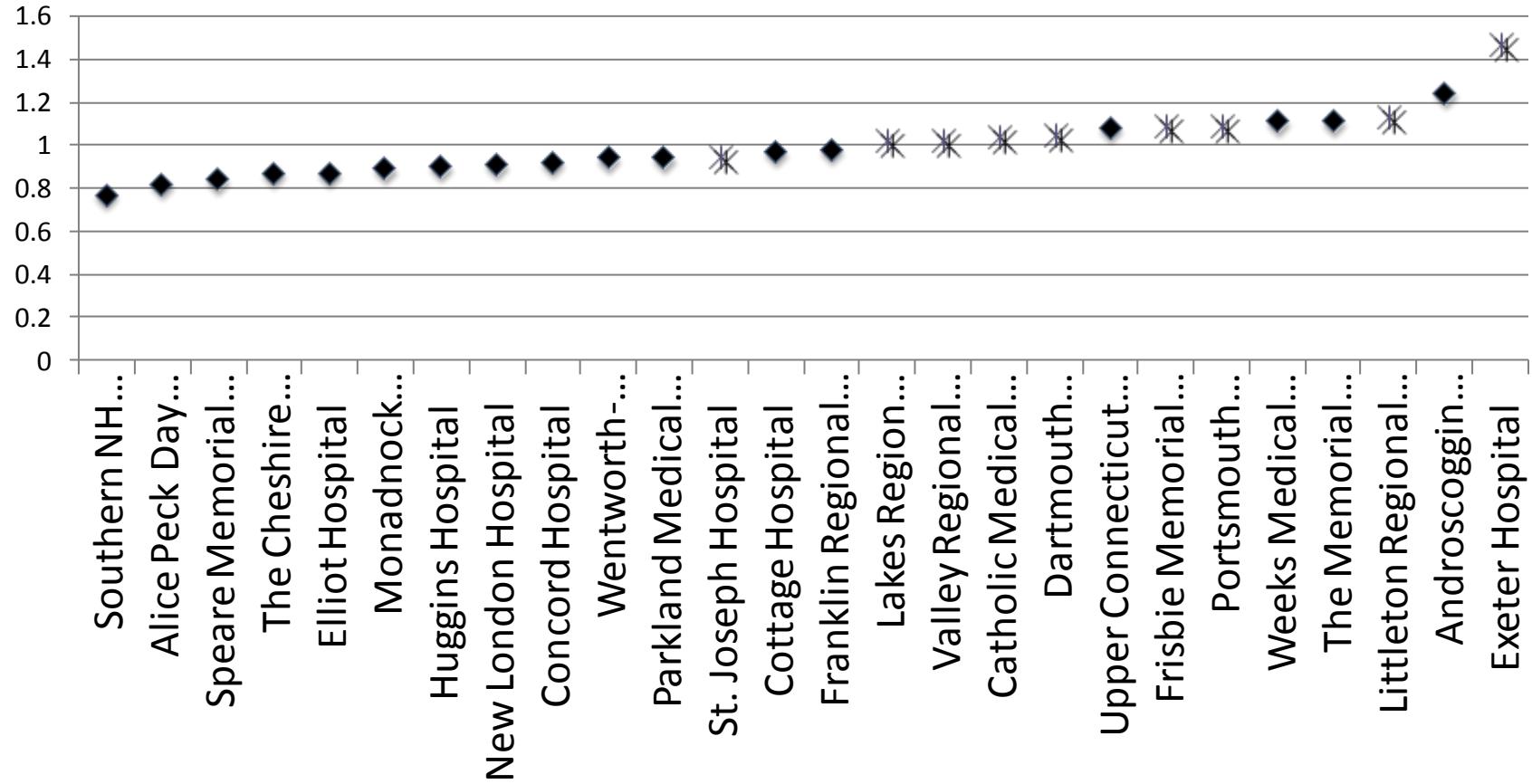


<sup>1</sup>Franklin HAA omitted due to hospital merger with Lakes Region.



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## CY 2011 Composite Hospital Score



Tier 1=Diamond, Tier 2=Asterisk

Source: NH Insurance Department

# NH Carrier Discounts – 2009 Commercial

Aggregate Discounts (Below)

HMO Discounts by Carrier (Right)

- 1) Anthem – NH = 38.6%
- 2) Harvard Pilgrim Health Care = 38.5%
- 3) Connecticut General Life Insurance/Cigna = 32.9%
- 4) MVP = 30.4%
- 5) All other insurance = 20.5%

HMO – All Providers Included

Carrier	Observations	Average Discount	Lower CI	Upper CI
All Other Insurance	2,281	34.3%	33.4%	35.2%
CGLI/Cigna	11,079	34.1%	33.8%	34.5%
Anthem - NH	590,534	31.2%	31.2%	31.3%
Harvard Pilgrim HC	240,825	30.2%	30.1%	30.3%
MVP	303	30.1%	27.8%	32.5%

HMO – Hospitals Only

Carrier	Observations	Average Discount	Lower CI	Upper CI
Anthem - NH	106,527	38.6%	38.5%	38.8%
Harvard Pilgrim HC	48,330	36.0%	35.8%	36.1%
CGLI/Cigna	2,064	34.1%	33.5%	34.8%
MVP	69	22.4%	19.5%	25.4%
All Other Insurance	435	21.5%	20.1%	22.8%

HMO – No Hospitals

Carrier	Observations	Average Discount	Lower CI	Upper CI
All Other Insurance	1,846	37.3%	36.4%	38.3%
CGLI/Cigna	9,015	34.1%	33.7%	34.5%
MVP	234	32.4%	29.5%	35.2%
Anthem - NH	484,007	29.6%	29.5%	29.6%
Harvard Pilgrim HC	192,495	28.8%	28.7%	28.9%

Source: NH Insurance Department, January 28, 2010

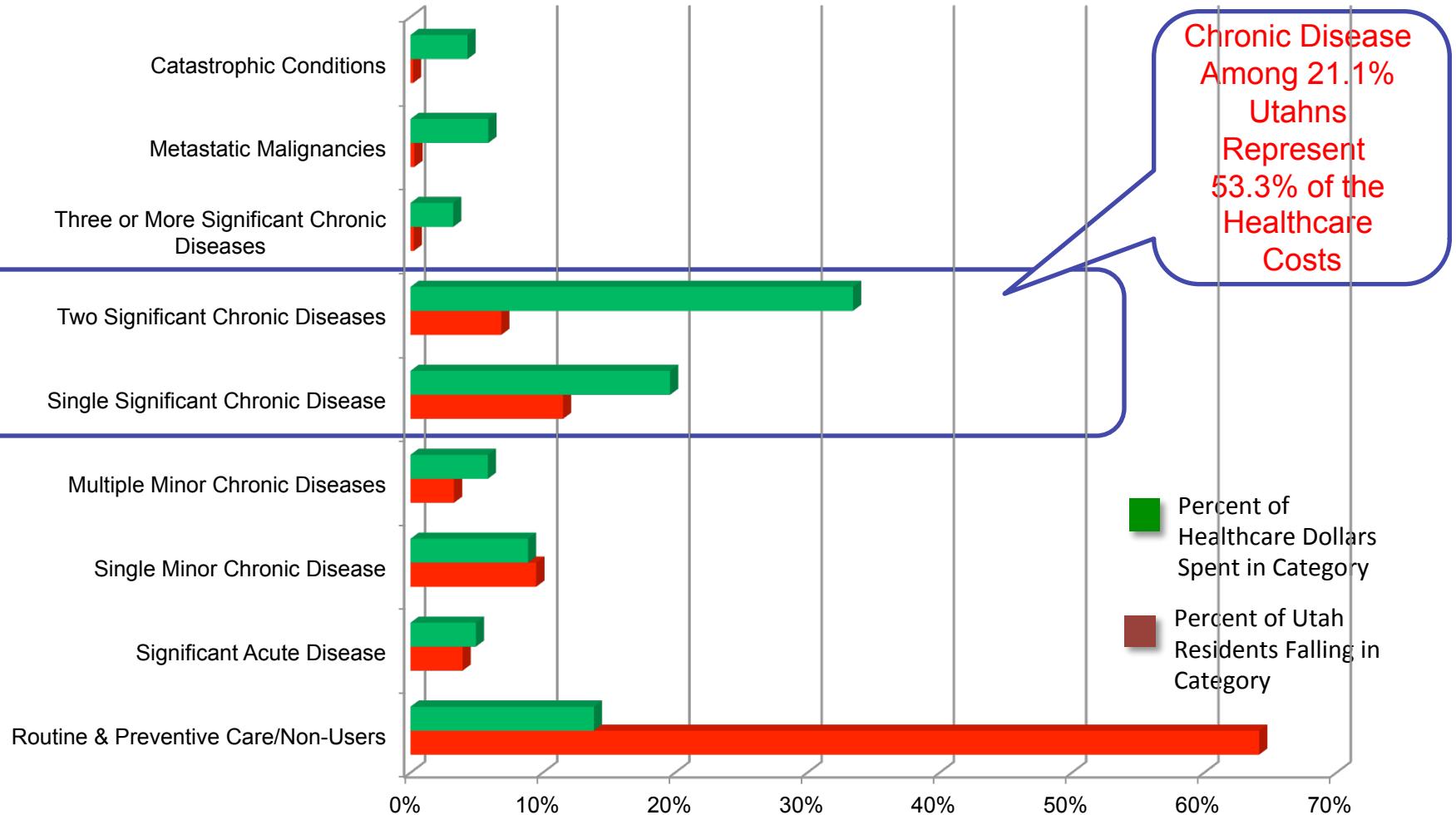
# NH vs. Out –of-State Spending

## 2009 Commercial Membership

Health Insurance Carrier	Location of Care Provided	Average Membership	Patients*§	Patients as a Percent of Membership§	Percent of Allowed Dollars	Payments per Patient	Average Risk Score¥
Anthem - NH	MA	161,556	23,561	15%	10%	\$2,472	1.30
	NH		166,260	103%	85%	\$3,047	0.91
	Other		38,663	24%	5%	\$838	1.21
<b>Totals/Overall Average</b>						\$2,614	1.00
HPHC	MA	95,662	19,552	20%	12%	\$2,053	1.32
	NH		96,064	100%	84%	\$2,949	0.90
	Other		15,096	16%	5%	\$1,011	1.24
<b>Totals/Overall Average</b>						\$2,591	1.00
CIGNA	MA	45,560	13,667	30%	12%	\$1,525	1.23
	NH		46,630	102%	77%	\$2,919	0.87
	Other		25,334	56%	11%	\$743	1.12
<b>Totals/Overall Average</b>						\$2,053	1.00

Source: NH Insurance Department, August 2, 2010

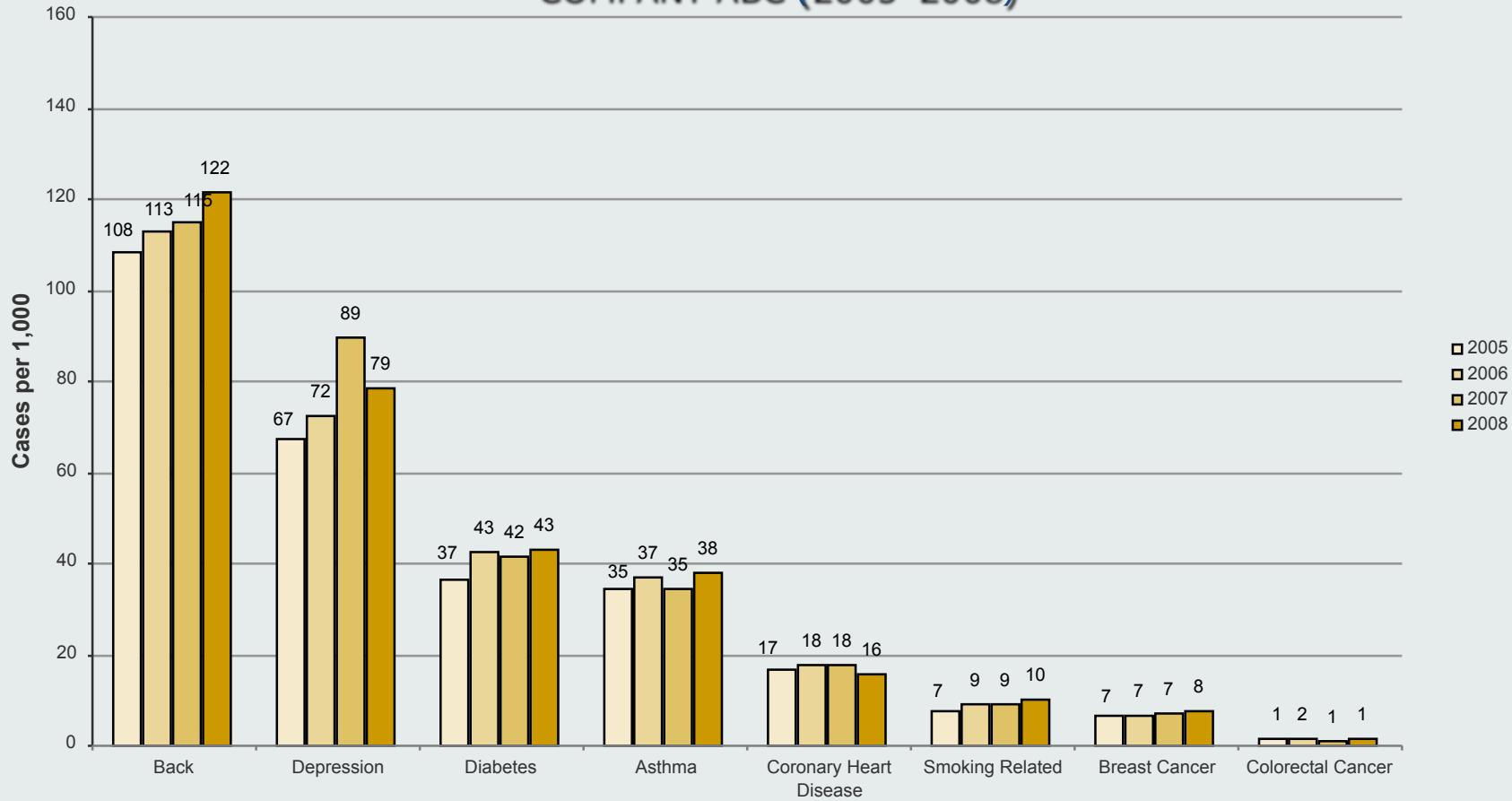
# Where are Utah Healthcare Dollars Going?



# Purchasers

# Prevalence of Selected Conditions

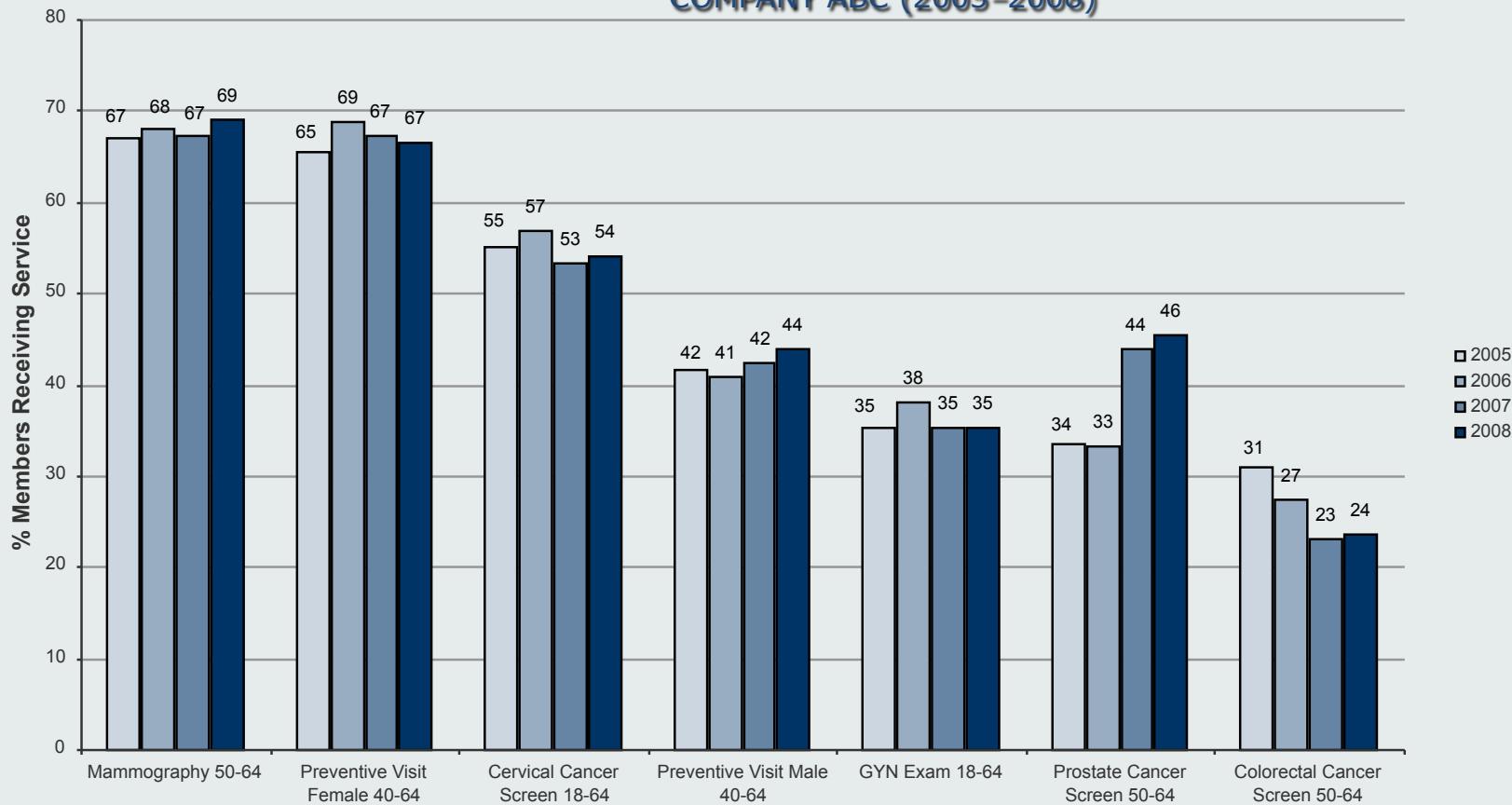
COMPANY ABC (2005–2008)



SOURCE: NHPGH

# Percent Members Receiving Preventive Services

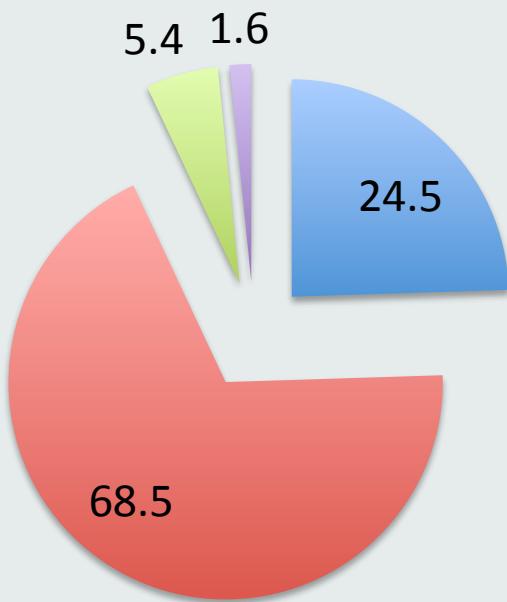
COMPANY ABC (2005-2008)



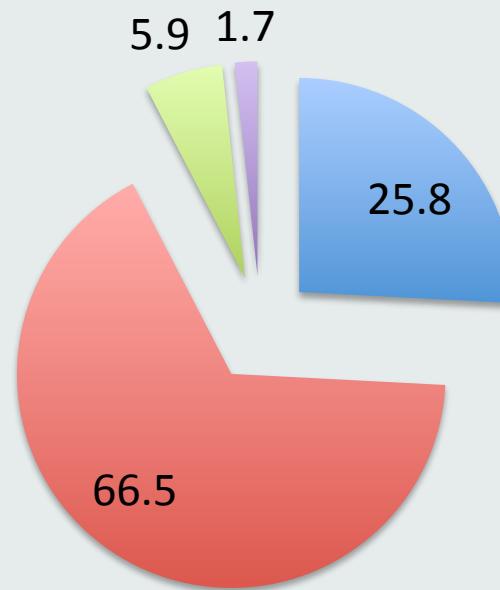
SOURCE: NHPGH

# Rx Volume by Type – NH 3 Largest Payers 2009 and 2010

% of Payments 2009



% of Payments 2010



■ Brand ■ Generic ■ Specialty ■ Other

Source: NH Purchasers Group on Health; UNH Center for Health Analytics



## New Hampshire Hospital Scorecard

New Hampshire Hospital Ratings

How Do I Get Quality Care?

Narrow Search  of

Page last updated June 2010

### New Hampshire Hospital Ratings

Sort By:



None  
Worse → Better



\$ \$ \$ \$ \$ \$  
Lower → Higher

Please note: Each hospital can only earn one blue ribbon per category (Patient Experience, Patient Safety, & Select Clinical Quality).

	Patient Experience ratings explained	Patient Safety ratings explained	Select Clinical Quality ratings explained	Cost Index ratings explained
CONCORD HOSPITAL 250 Pleasant Street <b>Concord 03301</b> <a href="#">view map</a>	  	 National Survey	    	\$
CATHOLIC MEDICAL CENTER 100 McGregor Street <b>Manchester 03102</b> <a href="#">view map</a>	  	DID NOT REPORT National Survey	    	\$\$
WENTWORTH-DOUGLASS HOSPITAL 789 Central Avenue <b>Dover 03820</b> <a href="#">view map</a>	  	 National Survey	    	\$
MARY HITCHCOCK MEMORIAL HOSPITAL One Medical Center Drive <b>Lebanon 03756</b> <a href="#">view map</a>	  	 National Survey	    	\$\$
MONADNOCK COMMUNITY HOSPITAL 452 Old Street Road <b>Peterborough 03458</b> <a href="#">view map</a>	  	DID NOT REPORT National Survey	    	\$
FRISBIE MEMORIAL HOSPITAL 11 Whitehall Road <b>Rochester 03867</b> <a href="#">view map</a>	  	DID NOT REPORT National Survey	    	\$\$

# Reform

# Preliminary Indicators Report, NH Medical Home Pilot Total Costs by Practice Site vs. Non-Medical Home Sites

Practice Site	Total Cost PMPM Baseline Period	Total Cost PMPM Pilot Period
	January 2008 – June 2009	July 2009 – September 2010
Site #1	\$196	\$118
Site #2	\$218	\$158
Site #3	\$335	\$229
Site #4	\$172	\$110
Site #5	\$261	\$207
Site #6	n/a	\$225
Site #7	\$251	\$127
Site #8	\$182	\$128
Site #9	\$203	\$120
<b>Total NH MH Sites</b>	<b>\$240</b>	<b>\$151</b>
<b>Total NH Non MH Sites</b>	<b>\$240</b>	<b>\$222</b>

\*Notes: PRELIMINARY DATA: Excludes pharmacy data, is not risk adjusted, is not annualized, and unadjusted for contractual differences.

# ETGs for Benign Conditions of the Uterus

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed  
Preference Sensitive Care

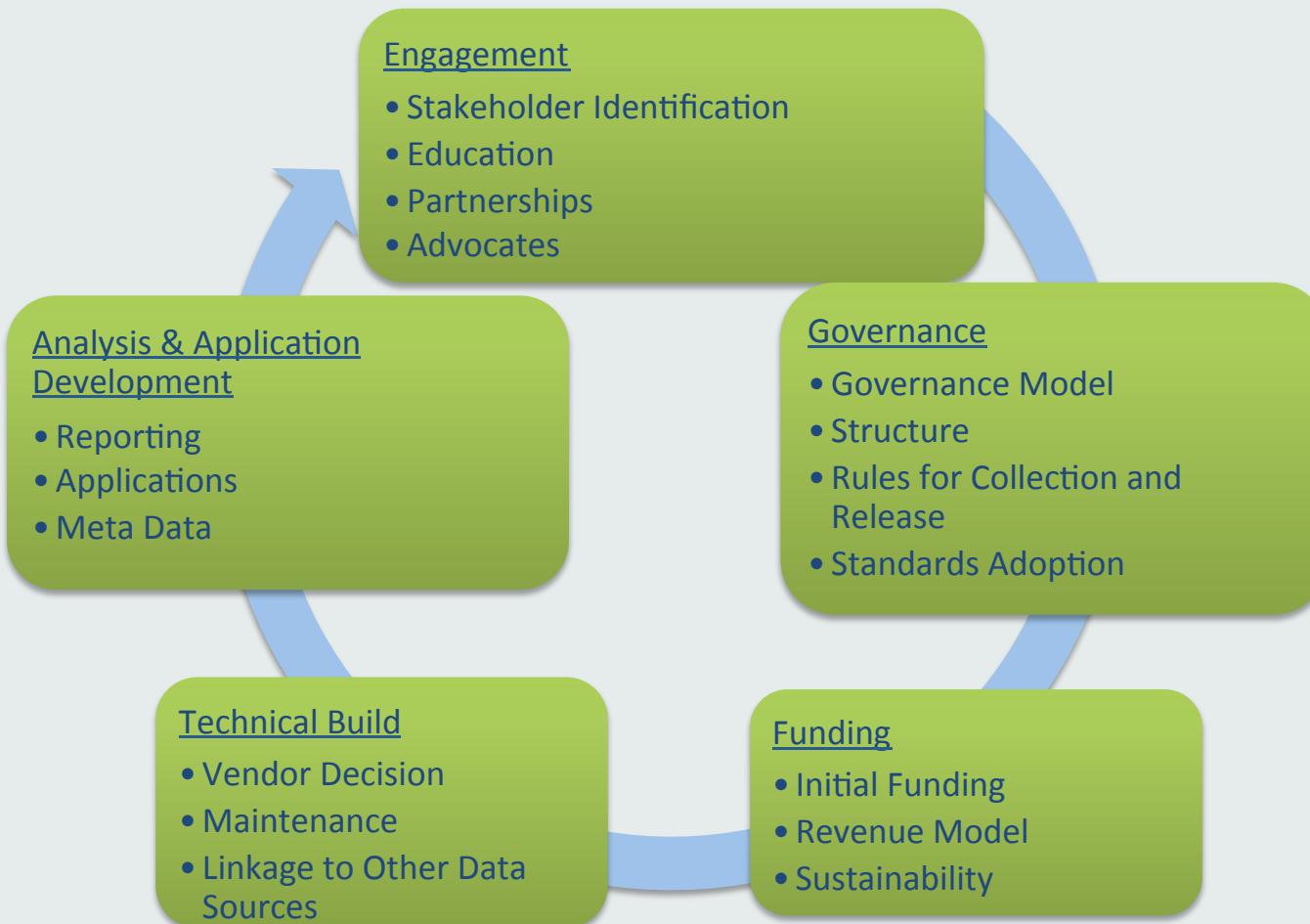
BENIGN CONDITIONS OF THE UTERUS	HYSERECTOMY	OTHER SURGICAL PROCEDURES	WITHOUT SURGERY
ETG-Subclass	646	646	647
Number of Episodes	938	2,183	7,369
% with CT-Scan	11%	15%	9%
% with Ultrasound	57%	67%	45%
% with Hysteroscopy	7%	48%	9%
% with Colposcopy	1%	2%	17%
% with Endometrial biopsy	20%	13%	9%
Average Payment per Episode	\$11,074	\$7,994	\$1,273

The average episode payment for members with abdominal hysterectomy was \$11,221, and the average payment for members with vaginal hysterectomy was \$10,990. Of members with a hysterectomy, 66% had abdominal and 34% had vaginal hysterectomy. Other surgical procedures included hysteroscopy ablation, laparoscopic removal of lesions, myomectomy, and removal of ovarian cysts.

SOURCE: ONPOINT HEALTH DATA

# **State Experiences and Lessons Learned**

# All-Payer Road Map



# Lessons Learned by States

- Develop Multi-Stakeholder Approach
  - Form Provider Relationships
  - Form Payer Relationships
- Be Transparent and Document
- Understand Uses and Limitations
- Seize Integration & Linkage Opportunities
- Develop Use Cases

# APCD Challenges

- Completeness of Population Captured
- Collection & Release Standardization
- Provider as Unit of Analysis
- Non-Claim Payment Adjustments
- To-be-Developed Payment Methodologies
- Consistency Amongst State Databases
- Ability to Link to Other Sources
- State Revenue Models
- Federal Engagement

# Contact Information

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